

'13 MAY 31 P1:03



FORM  
ORG  
(Rev. 5/2012)

STATE OF HAWAII  
STATE ETHICS COMMISSION



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February ☒ March 1 - April 30 ☐ May 1 - December 31

**ORGANIZATION INFORMATION**

Carmel Partners

Organization Name

701 5th Avenue, Suite 4200

Frank Striegl

Contact Person

Mailing Address (Number and Street or P.O. Box)

Seattle

City

(206) 262-7457

Telephone

Extension

WA

State

fstriegl@carmelpartners.net

Email Address

98104

Zip Code

**PART I. TOTAL EXPENDITURES**

		Total Amount
1	Preparation & Distribution of Lobbying Materials_____1	0.00
2	Media Advertising_____2	0.00
3	Postage_____3	0.00
4	Compensation Paid to Lobbyists ( <b>Attached Additional Sheets As Needed</b> ) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name Compensation Paid	
A.	Joanne Nonie Toledo Hamm A. 800.00	
B.	_____ B. _____	
C.	_____ C. _____	
D.	_____ D. _____	
E.	_____ E. _____	
F.	_____ F. _____	
G.	Total from Additional Attached Sheet(s)_____ G. _____	
	Add lines A through G _____ Total Compensation Paid ► 4	800.00
5	Fees Paid to Consultants (other than to Lobbyists)_____5	0.00
6	Entertainment & Events_____6	0.00
7	Receptions, Meals, Food & Beverages_____7	0.00
8	Gifts_____8	0.00
9	Loans_____9	0.00
10	Other Disbursements_____10	0.00
	Add lines 1 through 10 _____ Total Expenditures ►	800.00

FedEx  
MAILED BY HAND DELIVERY

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce                      | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Signature of Authorized Person

Frank Striegl

Print Name

Date

5-24-13

Title